S. No. 2
M—5-42
5-17-39
X32873

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1943

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 978

Registrar's No. 395

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4108 Tracy 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City, Mo. 3
(If outside city or town limits, write "RURAL") 8

(d) Street No. 4108 Tracy
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Bridget Hildegrade Bray

3. (b) If veteran, name war --

3. (c) Social Security No. None

4. Sex F

5. Color or race W 1

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Charley

6. (c) Age of husband or wife if alive Dec. years

7. Birth date of deceased Jan. 13, 1864
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
79	0	11	hr. min.

9. Birthplace Lexington (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Patrick Stewart
13. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Anna Caffrey
15. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant William Bray
(b) Address 4108 Tracy, K.C.Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 27-43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Sheil Funeral Home
(b) Address 6606 Indep. Ave. K.C.Mo.

19. (a) 1-26-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 24
year 1943 hour 5 minute 25 P M.

21. I hereby certify that I attended the deceased from Jan 31, 1943, to Jan 24, 1943
that I last saw her alive on Jan 24, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Diabetes. Myocardosis
arteriosclerosis senility etc

Due to

Other conditions 61
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? (e) Means of injury

23. Signature W. M. Korth (M. D. or other) MD

Address Professional Bldg Date signed 1/26/43

(Licensed Embalmer's Statement on Reverse Side)

Wm. H. Korth M.D.

Professional Bldg. Vi 1105

12 Feb 5

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.